

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE 2007 NOV 16 AM 8:59

COMMITTEE NAME (Must be same as on Statement of Organization)

Andy Hejlik for City Council Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Andy Hejlik

Political Party (if applicable)

Office Sought
City Council

District (if Senate or House)

**FORM
DR-2**

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. #

13753

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Sara Hoogstra
SIGNATURE OF PERSON FILING REPORT

515-832-3878
TELEPHONE

10/14/07
DATE SIGNED

I AM FILING A November 14th (For November 6th) REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
November 6th, 2007

County & Local Committees, enter County in
which Election is held

HAMILTON

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

995.00

995.00

995.00

0.00

48.01

YES NO

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Andy Hejlik for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/01/07	ID# CK#	Keith Abens 305 Edgewood Dr. Webster City, IA 50595	N/A	\$50.00	<input checked="" type="checkbox"/>
10/11/07	ID# CK#	Ronald Adams 1102 Division St. Webster City, IA 50595	N/A	25.00	<input checked="" type="checkbox"/>
10/11/07	ID# CK#	Doug and Nancy Bailey 923 First St. Webster City, IA 50595	N/A	25.00	<input checked="" type="checkbox"/>
10/11/07	ID# CK#	Doug and Norma Nissen 1619 Locust St. Webster City, IA 50595	N/A	50.00	<input checked="" type="checkbox"/>
10/11/07	ID# CK#	Ron and Kathy Birkestrand 625 1/2 Second St. Webster City, IA 50595	N/A	100.00	<input checked="" type="checkbox"/>
10/11/07	ID# CK#	Phillip Voge 1001 North Terrace Dr. Webster City, IA 50595	N/A	50.00	<input checked="" type="checkbox"/>
10/11/07	ID# CK#	unitemized contributions	N/A	50.00	<input checked="" type="checkbox"/>
10/16/07	ID# CK#	Loween Clayberg 1507 Beach St. Webster City, IA 50595	N/A	10.00	<input checked="" type="checkbox"/>
10/20/07	ID# CK#	Bob Van Diest PO Box 610 Webster City, IA 50595	N/A	300.00	<input checked="" type="checkbox"/>
10/20/07	ID# CK#	Gus and Nancy Dermond 613 Lyndale Dr. Webster City, IA 50595	N/A	20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 680.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Andy Hejlik for City Council Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/20/07	ID# CK#	Jon and Jean McMurray 1920 Willson Ave Webster City, IA 50595	N/A	\$50.00	<input checked="" type="checkbox"/>
10/20/07	ID# CK#	Mark Dohms 832 Water St. Webster City, IA 50595	N/A	50.00	<input checked="" type="checkbox"/>
10/20/07	ID# CK#	Gary and Linda Groves 1504 Spareboe Ct. Webster City, IA 50595	N/A	50.00	<input checked="" type="checkbox"/>
10/20/07	ID# CK#	unitemized contributions	N/A	40.00	<input checked="" type="checkbox"/>
10/23/07	ID# CK#	Dale Hillyer 1400 Collins Rd. Webster City, IA 50595	N/A	25.00	<input checked="" type="checkbox"/>
10/23/07	ID# CK#	Robert Oliver 1601 Willson Ave Webster City, IA 50595	N/A	25.00	<input checked="" type="checkbox"/>
10/23/07	ID# CK#	Leo Moriarty PO Box 115 Webster City, IA 50595	N/A	25.00	<input checked="" type="checkbox"/>
10/25/07	ID# CK#	Phyllis Murphy 1405 College St. Webster City, Ia 50595	N/A	30.00	<input checked="" type="checkbox"/>
10/10/07	ID# CK#	unitemized contributions	N/A	20.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 315.00

TOTAL (if last page of this schedule)

\$ 995.00

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Page _____ of _____
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Andy Hejlik For City Council Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/16 2007	ID# CK# 1031	OHP marketing services 833 Walnut St Webster City IA 50595	Layout & Design of Door Hangers	\$ 70.00
10/18 2007	ID# CK# 1121	Tami Hejlik (see receipt) 700 White Post Webster City, IA 50595	Reimbursement for postage & purchase of postcards through Vista Print	236.98
10/22 2007	ID# CK# 1122	Kinney Signs 1321 Third St Webster City IA 50595	purchase yard signs	160.50
10/06 2007	ID# CK# 1124	PSI 633 Second St Webster City IA 50595	Yard Signs / Doorhangers	392.96
11/14 2007	ID# CK# 1123	Tami Hejlik 700 White Post Drive Webster City IA 50595	Reimbursement for postage (see receipt) for postcards	117.70
10/10/ 2007	ID# CK# Automatic		purchase checks	16.84
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 995.00
TOTAL (if last page of this schedule)				\$ 995.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Andy for City Council Committee

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/1/07	Kay Harfst 704 South St Webster City IA 50595	N/A	envelopes labels printing	\$ 6.41	<input type="checkbox"/>
10/1/07	Ron Birkenstrand 625 1/2 second St webster City IA 50595	N/A	Envelopes @ labels	41.60	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 48.01

TOTAL (if last page of this schedule) \$ 48.01

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____
(for Schedule E)